



TGIF Adaptive Social Program FALL Schedule

Welcome to the Mesa Parks and Recreation TGIF Adaptive Program. This program is designed for individuals with developmental disabilities ages 16 and older who can function independently while in a group setting with the supervision of staff.

Ways to register for TGIF

1. Web Trac at <http://www.mesaaz.gov/parksrec/TimeOut/>
2. Mail in: Mesa Parks and Recreation
200 S. Center St., Bldg. 1, Mesa, AZ 85210

For further information, contact:

Jacquie Gallo

DESK: (480) 644-4948, FAX: (480)
644-2698, TTY: (480) 644-4491

Jacquie.gallo@mesaaz.gov

TGIF ADAPTIVE SOCIAL PROGRAM FALL SCHEDULE

For Individuals with Developmental Disabilities ages 16 and older

Saturday, September 10 - Diamond Backs Baseball Game

Activity #: 981101-11

Drop Off Time: 3:00pm

Pick Up Time: 8:30pm

Drop Off/Pick Up Location: Mesa Parks and Recreation— 200 S. Center St.

Cost: \$22.00 for Residents/\$24.00 non Resident—Pre-registration is required

Note: Price includes admission. You may bring extra money for snacks/souvenirs.



Friday, September 23 - Night at the Movies

Activity#: 981102-11

Drop Off Time: 6:00pm

Pick Up Time: 9:30pm

Drop Off/Pick Up Location: Mesa Grande AMC Theaters—1647 S. Stapley Dr.

Cost: \$11.00 for Resident/\$13.00 non Resident—Pre-registration is required

Note: Price includes admission. You may bring extra money for snacks/souvenirs



Saturday, October 8 – Peter Piper Pizza– Make your own Pizza

Activity#: 981104-11

Drop Off Time: 9:30am

Pick Up Time: 12:00pm

Drop Off/Pick Up Location: Peter Piper Pizza– 1833 N. Power Rd.

Cost: \$10.00 for Resident/\$12.00 Non Resident– Pre-registration is required

Note: Price includes Make your own personal Pizza, drink and tokens.



Friday, October 21– Halloween Bash and Haunted House

Activity#: 981106-11

Drop Off Time: 6:30pm

Pick Up Time: 9:00pm

Drop Off/Pick Up Location: Chandler Community Center– 125 E. Commonwealth, Chandler

Cost: \$4.00 for resident/\$5.00 non resident-Pre registration is require

Note: Additional \$5.00 due at the door. Price includes dancing, refreshments and haunted house. Prizes will be given for costume contest.



TGIF ADAPTIVE SOCIAL PROGRAM FALL SCHEDULE

For Individuals with Developmental Disabilities ages 16 and older

Friday, November 18– Fort McDowell Adventures Friday Night Franks

Activity #: 981107-11

Drop Off Time: 5:30pm

Pick Up Time: 9:30pm

Drop Off/Pick Up Location: Mesa Parks and Recreation—200 S. Center St.

Cost: \$15.00 for Resident/\$18.00 Non Resident– Pre- Registration is required

Note: Price includes hayride, hotdog roast, chips, soda, smores, horseshoes, corn hole and entertainment

Wednesday, December 14 -Holiday Light Tour on the Trolley

Activity #: 981108-11

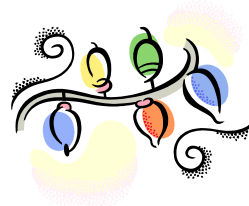
Drop Off Time: 5:30pm

Pick Up Time: 8:30pm

Drop Off/Pick Up Location: Mesa Parks and Recreation– 200 S. Center St

Cost: \$20.00 for residents/\$24.00 non Resident—Pre-registration is required

Note: Price includes holiday light tour on Ollie the Trolley and treats.



Saturday, December 17—Mistletoe Magic Dinner/Dance

Activity #: 981109-11

Drop Off Time: 6:00pm

Pick Up Time: 9:00pm

Drop Off/Pick Up Location: Mesa Convention Center—201 N. Center St. Bldg B

Cost: \$25.00 for residents/\$30.00 non Resident—Pre-registration is required

Note: Price includes dinner, dancing, corsage and a picture with Santa.



TGIF REGISTRATION FORM * 2011*

Price Per Activity	For Official Use Only
	Check # _____
	Amount _____
	Date Rec'd _____
	By _____

Waiver: As a participant, or parent or guardian of a participant, permission is granted to participate in the Mesa Parks and Recreation program listed below. Participants understand and agree that they may be photographed and/or videotaped for the promotion of City of Mesa programs. I understand that there are risks of physical injury to the participants(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents representatives and volunteers.

Parent/Guardian Signature

Please check all of the activities in which you wish to participate.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Saturday, Sept. 8 \$22/\$24.50
Diamond Backs Baseball
Activity # 981101-11 | <input type="checkbox"/> Friday, Sept. 23 \$11/\$13
A Night at the Movie
Activity # 981102-11 | <input type="checkbox"/> Saturday, Oct. 8 \$10/12
Make your Own Pizza
Activity # 981104-11 | <input type="checkbox"/> Friday, Oct. 23 \$4/\$5
Halloween Bash/Haunted house
Activity # 981106-11
Additional \$5 at the door |
| <input type="checkbox"/> Friday, Nov. 18 \$15/\$18
Friday Night Franks Hayride
Activity # 981107-11 | <input type="checkbox"/> Wednesday, Dec 14 \$20/24
Holiday light Tour/Ollie Trolley
Activity # 981108-11 | <input type="checkbox"/> Saturday, Dec. 17 \$25/30
Mistletoe Magic Dance
Activity # 981109-11 | |

Complete If Paying By Credit Card

Credit Card No: _____	Exp. Date: _____	Total Fees: _____
Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/> Name as it appears on card: _____		

Participant Information

Are you new to Mesa Adaptive TGIF program? ☐ Yes ☐ No

Full Name _____ Age _____ Date of Birth _____

Address _____ City, State, Zip _____

Home _____ Cell/Work Phone _____ Email _____

Would you like to be on an TGIF email distribution list? ☐ Yes ☐ No ☐ Already on

Gender (Circle One): Female Male

Name of school and / or work _____

Primary Language _____

T-Shirt Size (Circle One) youth: L adult: S M L XL XXL

Medical Diagnosis _____

Medications (list) _____

Does the participant have a history of seizures? ☐ Yes ☐ No

Special Needs/Allergies _____

Special Behaviors that might need attention _____

Please let us know how much assistance the participant may need regarding money management while on outings:

☐ Participant manages own money ☐ Participant needs some staff assistance while on outings

☐ Participant needs complete staff assistance with money management while on outings

Parent/Emergency Contact

Full Name _____ Relationship to Athlete _____

Email _____ Primary/Cell Phone _____